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Country programme outline for Guinea-Bissau

Proposed UNFPA assistance:	4.05 million, $2.25 million from regular resources and $1.8 million through co-financing modalities and/or other, including regular, resources
Programme period	5 years (2003-2007)
Cycle of assistance	Fourth
Category per decision 2000/19:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	0.95	1.30	2.25
Population and development strategies	0.90	0.50	1.40
Programme coordination and assistance	0.40	-	0.40
Total	2.25	1.80	4.05

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I. Situation analysis

1. Development programmes in Guinea-Bissau have suffered as a result of the 1998-1999 political and military conflict. Efforts by the international community to renew the dialogue between political and military leaders eventually led to democratic legislative and presidential elections. Yet democracy remains fragile. On the economic level, productivity fell drastically in 1998. Although some increases occurred in 2000, the country's balance of payments is deficient. The economy is marked by heavy dependence on imported products and high external debt. Poverty is widespread: 49 per cent of the population lives below the poverty line. Per capita gross domestic product was estimated at $238 in 1997.

2. According to projections from the 1991 population and housing census, the population was estimated at 1.2 million in 2001, and is growing annually between 1.9 and 2.2 per cent. The birth rate is high at 41 per 1,000, as is the total fertility rate, estimated at 6.8 children per woman. The population is young, and 50.2 per cent of the population is less than 15 years old. The country is faced with high urban-to-rural migration. The urban population currently represents 47 per cent of the total population, one third of which lives in Bissau, the capital. In 2000, the infant mortality rate was estimated at 124 per 1,000. Estimates of maternal mortality vary, and range from 349 to 700 deaths per 100,000 live births. The proportion of women who delivered with the help of trained health personnel dropped drastically from 59 per cent in 1998 to 18 per cent in 2000.

3. Adolescent fertility is estimated to be high due to early sexual activity and low age at marriage (15.7 years for women). The availability of integrated reproductive health services is limited, with only 39 per cent coverage. The contraceptive prevalence rate (CPR) for modern methods is very low at 4.6 per cent. If traditional methods are included, the CPR is 7.6 per cent. Sexually transmitted infections (STIs) are on the rise, as is HIV/AIDS prevalence among women, but reliable data are not available. Among blood donors, the HIV/AIDS rate is estimated at 8.7 per cent.

4. There are marked disparities in living conditions between men and women, due to sociocultural customs and unequal access to resources and services. In the education sector, girls' enrolment at the primary level is 37.4 per cent compared to 44.4 per cent for boys. Literacy among women is 23.8 per cent versus 53 per cent among men. Women represent only 7.8 per cent of the national assembly. Female genital cutting exists, but its prevalence is not well known.

5. In 2000, Guinea-Bissau was admitted to the International Monetary Fund Heavily Indebted Poor Countries' Initiative and began implementation of the Poverty Reduction Strategy Paper (PRSP). The PRSP aims to reduce the incidence of extreme poverty and maternal and infant mortality; promote universal access to primary education; and eliminate gender disparities. On the political level, a truce was recently agreed on between the Government and the opposition parties to approve and implement the PRSP. This new political climate is encouraging for the future of the country.

II. Past cooperation and lessons learned

6. The previous country programme received a total of $4 million, of which $3 million were from regular resources. Due to the political conflict, the programme was interrupted for one year, during which time interventions were limited to reproductive health emergency assistance. Implementation resumed in February 2000 under the new Government. The programme was implemented in three administrative regions, which account for 50 per cent of the total population. Despite the unstable political climate, the programme was able to make important strides.

7. In reproductive health, the programme contributed to national acceptance of the reproductive health concept; the integration of reproductive health services in 46 per cent of the intervention areas; and the formulation of

conceptual and operational frameworks, such as the national reproductive health policy, the national reproductive health programme and service delivery norms. A multi-purpose youth centre that provides basic medical services and reproductive health services, information and counselling for youth was established. Peer education organized through youth networks helped to sensitize youth about STI and HIV/AIDS prevention. The syndromic approach was used in detecting STIs and treatment was provided. The programme also funded the multiple indicators cluster survey and two research studies on adolescent and youth sexual behaviour, which provided information about the reproductive health situation.

8. In the population and development strategies area, the programme helped to relaunch the formulation of a national population policy, with technical support from a regional research centre. National counterparts were trained at home and overseas. Population and family life education was integrated into the primary school curricula throughout the country. Support was provided to the institute for women and children to formulate its national strategic plan. Training for journalists, professionals from governmental and non-governmental organizations (NGOs) and members of the UNFPA-led gender and development group helped reinforce understanding of the gender approach. Advocacy activities were carried out with the help of journalists and parliamentarians, and Islamic NGOs aided in advocacy efforts to eliminate female genital cutting.

9. In addition to the internal conflict, the programme faced other constraints, including the weak capacity of the institutions responsible for implementing, monitoring and coordinating the programme. This was mainly due to insufficient human resources and high staff turnover at decision-making levels. The population census was not undertaken due to lack of interest among donors. Programme implementation also suffered from the highly centralized resource management system. Integration of the gender dimension was constrained by the non-application of policies and laws, insufficient consideration for the different needs of men and women in development programmes, weak institutional capacities and insufficient knowledge of gender issues.

10. Major lessons learned during the last programme include the need to re-examine national programme execution in the context of a country weakened by internal conflict. Utmost priority should be given to reinforcing and developing national expertise and capacities. Decentralization of activities is essential in order to optimize programme resources. NGOs offer excellent alternative channels for reproductive health service delivery, attitudinal and behavioural changes in key areas such as HIV/AIDS prevention, and the promotion of gender equity and equality.

III. Proposed programme

11. The proposed programme is harmonized with UNICEF and UNDP and was formulated under the leadership of the Government, in collaboration with NGOs and the United Nations country team. It is based on the national development programme; the Programme of Action of the International Conference on Population and Development (ICPD) and its five-year review (ICPD+5); and the Millennium Development Goals. It takes into account the common country assessment and the United Nations Development Assistance Framework (UNDAF) whose objectives are good governance and the fight against poverty. These same objectives appear in the interim PRSP.

12. With regard to good governance, the proposed programme will assist in collecting, analysing and disseminating data; aiding decentralization efforts; integrating gender issues into development policies and programmes; and reinforcing institutional capacities. With regard to poverty reduction, the programme will contribute to formulating development frameworks; reducing maternal mortality; improving reproductive health; and improving women's socio-economic status.

13. The goal of the programme is to contribute to government efforts to reduce poverty by: (a) ensuring the adequacy of the country's

development objectives vis-à-vis its population problems; (b) improving reproductive health; and (c) reducing disparities between men and women.

14. The expected outcome of the country programme is to contribute to an improved balance between global and sectoral development policies and programmes and population issues. In the area of reproductive health, the outcome will be a balance between demand for and availability of reproductive health services, especially with regard to prenatal follow-up; family planning; treatment of complications resulting from deliveries and abortions; prevention of HIV/AIDS; the syndromic approach to STIs; and adolescent, youth and men's reproductive health. In the area of gender, the outcome will be the reduction of inequality and inequity between men and women with regard to: (a) access to resources and services; and (b) positive representation of women in textbooks and in the media.

15. The proposed programme will be implemented in the three administrative regions covered under the previous programme to consolidate achievements and reinforce decentralization. Some health districts in two additional regions where the integration of reproductive health has not yet taken place will also be covered, in coordination with other donors. If multi-bilateral resources become available, other administrative regions in the northern part of the country will also be included. The proposed programme will provide national coverage for interventions relating to the coordination of programmes; data collection; advocacy; in-school population and family life education; and the supply of contraceptives.

Population and development strategies subprogramme

16. The first output of the proposed programme – national capacities of governmental and non-governmental institutions reinforced for planning, implementing, coordinating, monitoring and evaluating sectoral programmes and activities at national and regional levels – will be achieved through the following strategies: (a) integrating gender into development frameworks and annual action plans; (b) integrating the reproductive health concept into the national health development plan in line with the upcoming health sector-wide approach; (c) reinforcing inter- and intra-sectoral mechanisms for programme monitoring, coordination and evaluation; (d) advocacy directed at decision makers and opinion leaders for resource mobilization and review of laws; and (e) strengthening the competency of national counterparts and technical officers of institutions responsible for developing, implementing and monitoring sectoral programmes and activities.

17. The programme's second output – an improved population and development information system disaggregated by region and sex – will be achieved by: (a) reinforcing the population and development statistical information system to have accessible data at the national, regional and local levels; (b) providing technical assistance for the country's third population and housing census and resource mobilization strategy; (c) conducting sociocultural research studies in order to better orient interventions in gender and to develop effective communication strategies for target groups; and (d) upgrading the health information system to obtain indicators essential for preparing annual district health plans.

Reproductive health subprogramme

18. The third output of the programme – the provision of integrated, high-quality reproductive health services including maternal health, family planning; STI and HIV/AIDS prevention, adolescent, youth and men's reproductive health, and information, education and communication strategies – will be achieved by: (a) integrating reproductive health components into public and private health structures, NGOs and the armed forces; (b) developing community-based service distribution; (c) strengthening emergency obstetric care and post-abortion services; (d) strengthening HIV/AIDS prevention, testing and follow-up of seropositive patients; and (e) extending special services, including peer education, for youth and

adolescents in three multi-purpose centres. Strategies to provide high-quality services will include: (a) reinforcing technical skills; (b) upgrading equipment according to the type of health facility; and (c) developing a reproductive health commodity security and essential supplies plan.

19. The fourth output – the availability of reproductive health information for specific targeted groups – will be achieved through strategies aimed at increasing the demand for services and promoting behaviour change with regard to harmful and risky practices. These efforts will include: (a) reinforcing communication strategies, segmented according to target audiences; (b) reinforcing the capacity of youth associations to develop and strengthen peer education; and (c) integrating population and family life education into the curricula of primary schools and, on a pilot basis, into secondary schools and adult literacy classes.

20. Strategies to achieve the fifth output – an improved sociocultural environment for the promotion of equity and equality between men and women – will include: (a) sensitization activities for behaviour change and for improving the institutional framework for human rights, equal access to resources and services, and the elimination of harmful practices against women and girls; (b) advocacy to review laws on gender equality and to harmonize them with conventions that have been ratified by the country; and (c) providing institutional support for gender equity and equality to the institute for women and children, the national youth institute and NGOs.

21. A number of assumptions underlie the proposed programme: institutional stability; the development and management of human resources; motivation of national staff; implementation of the Bamako Initiative to improve financial access to health services; and the decentralization process.

IV. Programme management, monitoring and evaluation

22. The proposed programme will be nationally executed. To assist this process, external expertise will be sought, especially at the beginning of the programme. South-South cooperation, in particular with Portuguese-speaking countries, will be utilized. The UNFPA Country Technical Services Team based in Dakar, Senegal, will provide technical support.

23. The Ministry for Foreign Affairs, International Cooperation and Communities will be responsible for coordinating overall UNFPA assistance. The State Secretariat for Planning will oversee technical assistance. The programme will be implemented within the context of the UNDAF, in close collaboration with United Nations agencies. Partnerships will be promoted with the African Development Bank for the rehabilitation of health facilities; the World Bank for essential drugs, prevention of HIV/AIDS and marketing of condoms; the European Union, UNICEF, the World Health Organization and French Cooperation for global reproductive health and emergency obstetric care; and Portuguese Cooperation for youth. Development partners will also be requested to provide funds for the population census.

24. The programme will be monitored according to annual and evaluation plans based on the logical framework of the programme and related indicators. Joint evaluations will be carried out with other funding partners in accordance with the UNDAF. In addition to annual reviews of the programme, a midterm review is scheduled in 2005 and a final review in 2007.

25. The Guinea-Bissau country office consists of a Representative, a national programme officer and administrative support staff. In view of the additional workload arising from the UNDAF implementation, the management of multi-bilateral resources and the monitoring of decentralized activities, an additional national programme officer will be recruited. United Nations volunteers and national experts in reproductive health and population and development strategies will also be utilized.

ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR GUINEA-BISSAU

UNDAF Objective 1: To contribute to government efforts aimed at good governance				
UNFPA Goal	**Outcome**	**Indicators**	**Outputs and Key Indicators**	**Resources**
To contribute to government efforts to reduce poverty by ensuring the adequacy of the country's development objectives vis-à-vis its population problems	Improved balance between global and sectoral development policies and programmes and population issues	By the end of 2007, sectoral programmes (education, youth and health) have effectively integrated population problems, including the gender dimension	**Output 1:** National capacities of governmental and non-governmental institutions are reinforced for planning, implementing, coordinating, monitoring and evaluating sectoral programmes and activities at national and regional levels **Output indicators:** • By 2007, sectoral programmes in the areas of health, education and youth will be adapted to the objectives of the national population policy and will integrate the gender dimension • By 2007, monitoring and coordinating the implementation of sectoral programmes will be carried out on the basis of annual plans prepared in conjunction with concerned partners • By 2007, decision makers and political and opinion leaders will adopt positions that are favourable to the country's objectives in population, reproductive health and gender issues; positions will be reflected in budgets and in legal and administrative texts **Output 2:** An improved population and development information system disaggregated by region and sex available **Output indicator:** • By 2007, a national database and a pilot regional database for sociodemographic statistics and sociocultural information (by sex and region) will provide appropriate data for conceiving, managing, monitoring and evaluating sectoral population and development programmes	**Total resources:** $4.05 million ($2.25 million from regular resources and $1.8 million through co-financing modalities and/or other, including regular, resources) **Total for population and development strategies subprogramme:** $1.4 million ($0.9 million from regular resources and $0.5 million through co-financing modalities and/or other, including regular, resources)

UNDAF Objective 2: To contribute to the fight against poverty				
UNFPA Goal	**Outcome**	**Indicators**	**Outputs and Key Indicators**	**Resources**
To contribute to government efforts to reduce poverty by formulating development frameworks; improving the reproductive health of the population; and reducing maternal, infant and child mortality	Balance between demand for and availability of reproductive health services and increased utilization of reproductive health services and information	By 2007: • Contraceptive prevalence rate for modern methods increases from 4.6% to 11% at the national level (for regions covered by the programme, rates will be defined following data collection) • Proportion of women who deliver with the help of qualified health personnel increases from 18% to 60% (for regions covered by the programme, level will be determined) • Proportion of youth who use condoms during their first sexual intercourse increases • Proportion of youth and men who go to reproductive health facilities increases	**Output 3:** Integrated reproductive health services offered including maternal health; family planning; STI and HIV/AIDS prevention; youth, adolescent and men's reproductive health; and information, education and communication **Output indicators:** • By 2007, the number of health districts providing integrated and high-quality reproductive health services increases from 3 to 5 (more if multi-bilateral resources become available) • By 2007, 70% of clients using reproductive health services are satisfied with the type and quality of services provided • Essential drugs, contraceptives and reproductive health commodities provided without stock-outs **Output 4:** Availability of reproductive health information for specific target groups **Output indicator:** By 2007, the percentage of the population that has acquired knowlege of family planning, STIs, HIV/AIDS, early pregnancy, harmful practices against women and availability of reproductive health services reaches 60% of men and women in the target groups	**Total for reproductive health subprogramme:** $2.25 million ($0.95 million from regular resources and $1.3 million through co-financing modalities and/or other, including regular, resources)
To contribute to government efforts to reduce poverty by reducing disparities between men and women	Reduced inequity and inequality between men and women regarding access to resources and positive representation of women in textbooks and the media	By 2007: • School enrolment gap between boys and girls shrinks • School drop-out rate for girls decreases • Number of women who have access to new technologies increases by 25% • Adoption of a law against gender-based violence and female genital mutilation	**Output 5:** Improved sociocultural environment for the promotion of equity and equality between men and women **Output indicators:** • By 2007, social representation of men and women, as illustrated through communication channels, school curricula and textbooks, reflects a more positive image that is in line with the gender approach • By 2007, the proportion of men and women who adhere to new knowledge of equity and equality between men and women (human rights, equal access to resources, and elimination of gender-based violence, including female genital cutting) increases significantly	**Programme coordination and assistance:** $0.4 million

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